



Practitioner's Docket N . 101102.0015

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Bin Zhao

Application No.: 10/016,166

Filed: 11/30/2001

For: Low Dispersion Filters

Group No.: 2872

Examiner: John Juba, Jr.

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is a small entity. A statement was already filed.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$55.00

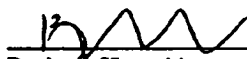
02/05/2004 PERITTON 00000001 502191 10016166

01 FC:2814 55.00 DA

**CERTIFICATE OF FIRST CLASS MAILING (37 C.F.R. Section 1.10/1.8(a))**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 1/12/04

  
Barbara Hayashi

01/16/2004 CHGUYEN 00000077 502191 10016166

01 FC:2251 55.00 DA

Amendment Transmittal--page 1 of 2

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDIT. FEE
TOTAL	4	- 20	= 0	x	\$ 9.00	= \$	0.00
INDEP.	4	- 4	= 0	x	\$ 43.00	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$ 0.00	= \$	0.00
					TOTAL ADDIT. FEE	\$	0.00

No additional fee for claims is required.

### FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$55.00 to Deposit Account No. 502191.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

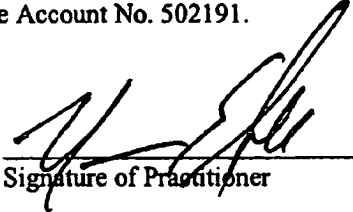
### FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 502191.

An additional fee for claims is required, charge Account No. 502191.

Date: 12 Jun '04

Reg. No.: 30455  
Tel. No.: 714-641-5100  
Customer No.: 34284

  
Signature of Practitioner

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